

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **15299**  
Registrar's No. **356**FILED MAY 12 1944  
Registration District No. **2334**Primary Registration District No. **5825**

## 1. PLACE OF DEATH:

(a) County **New Madrid**  
 (b) City or town **Risco**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **None**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **None**  
 In this community **2 yrs** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **ELI-COLUMBUS-SMITH**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**  
 4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married **Divorced**  
 6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife If alive **13** years (Month) (Day) (Year)  
 7. Birth date of deceased **Dec-13-1875**

8. AGE: Years **68** Months **3** Days **28** If less than one day hr. min.

9. Birthplace **Bloomington, Springs Tenn.** (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Farmer**

12. Name **Mack. Smith**  
 13. Birthplace **unknown** 9 (City, town, or county) (State or foreign country)  
 14. Maiden name **Virginia White**  
 15. Birthplace **unknown** 9 (City, town, or county) (State or foreign country)

16. (a) Informant **B. B. Smith**

(b) Address **Felbourn Mo.**

17. (a) **Burial** (b) Date thereof **Dec. 13-44** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mounds**

18. (a) Signature of funeral director **Walter Ford-Servis**

(b) Address **Parma Mo.**

19. (a) **Apr 13/44** (b) **Mrs S. B. Rademacher** (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **New Madrid**  
 (c) City or town **Risco - 12 S. E.** (If outside city or town limits, write "RURAL")  
 (d) Street No. **0** (If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country **0**

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **11**  
 year **1944** hour **2** minute **10 A.M.**

21. I hereby certify that I attended the deceased from **long time**, 19 **to** **April 10-1944**  
 that I last saw him alive on **April 10-1944**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Leakage of Heart**

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....  
 (b) Date of occurrence.....  
 (c) Where did injury occur? (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (e) Means of injury.....

23. Signature **G. N. Wilson** M. D. other **0**  
 Address **Felbourn Mo.** Date signed **Apr 13-44**

RECEIVED

District Health Office No. 2

District File Number 544-2

Date Filed 5-11-4

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

*Embalmed*

Registered Apprentice No.

working under my personal supervision.

Signed

*Hampton Albritton*

Licensed Embalmer No.

4210

P. O. Address

*S. H. Watson*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.